Original Article

Exploring Coping Strategies Among Jail Inmates with Mental and Behavioral Health Disorders in Punjab Prisons, Pakistan: A Cross Sectional Study

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Abstract

Background: In prison setting, jail inmates have to face mental and behavioral health disorders due to overcrowding, social isolation, separation from family, legal ambiguity and lack of mental and behavioral health services. These stressors often cause mental and behavioral health disorders so it is vital to know the coping mechanisms that inmates use to adopt for their mental and behavioral health.
Objective: To assess the coping mechanism used by jail inmates for dealing with mental and behavioral health disorders in Punjab Prisons, Pakistan and to compare coping patterns among under trial and convicted jail inmates in Punjab Prisons, Pakistan.
Methods: An analytic cross sectional study was carried out from 1st March-31st March 2026 among 460 inmates recruited by multistage random sampling method from different districts and then different prisons of Punjab, Pakistan and then inmates were selected through stratified random sampling as under-trial and convicted. The data were collected through a structured questionnaire and validated Brief Cope inventory. Frequencies and percentages were calculated for descriptive analysis. Chi square test was used to find the association between coping mechanisms and imprisonment status. A p-value <0.05 was considered statistically significant.
Results: The most commonly used coping strategy turned out to be religious coping (67.8%), followed by acceptance (43.9%), emotional support (40.9%) and positive reframing (33.5%). The maladaptive coping strategies were emotional withdrawal (42.6%), substance-use coping (30.0%) and aggressive coping (27.4%). Religious coping was significantly higher among convicted prisoners (74.5%) than among under-trial prisoners (62.1%) (p=0.003). Emotional withdrawal was significantly higher among under-trial prisoners (53.2%) than among convicted inmates (30.2%) (p=0.001).
Conclusion: Both adaptive and maladaptive coping mechanisms are used by prison inmates in coping with their psychological problems. Religious coping and acceptance were the most common adaptive coping strategies, whereas emotional withdrawal and substance-use coping were the most common maladaptive coping mechanisms. Psychological interventions for inmates in prison need to facilitate adaptive coping mechanisms and inhibit maladaptive ones.
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Introduction

Prisoners are considered among the most vulnerable groups concerning mental health disorders as there is much higher prevalence in such cases compared to that observed in community settings.[1] There is evidence to prove that imprisonment not only aggravates previously existing mental illnesses but may even lead to the emergence of new psychological disorders during incarceration.[2] Psychological consequences of imprisonment may include emotional disturbances, hopelessness, irritability, social isolation, poor interpersonal skills and lowered quality of life.[3] Globally, more than 11 million people were held in prisons in 2021 and a substantial proportion of this population suffers from co-occurring mental illness and substance use disorders, often referred to as dual disorders.[4] In low-and middle-income countries, the pooled prevalence of major depression among prisoners has been estimated at 16%, with alcohol and drug use disorders identified in a further 3.8% and 5.1% of inmates, respectively.[5] Pakistan's correctional system, with more than 88,000 inmates housed in facilities far exceeding their sanctioned capacity, exemplifies the structural drivers of poor mental and behavioral health among incarcerated populations.[6] Reports from Pakistani prisons have repeatedly documented severe overcrowding, inadequate medi-

cal staffing and custodial violence, alongside a near-total absence of structured mental and behavioral health screening or treatment services.[7] Earlier Pakistani studies have reported alarmingly high rates of depression, ranging from 59% among female inmates in Peshawar to 85% among male inmates in Lahore, while substance use disorders have been documented in 53–96% of inmates depending on the facility and screening method used.[8] Coping strategies which gets documented within the context of Pakistani prisons as the defensive compartment of last resort, often is of an informal nature relying on techniques such as motivation and self-assistance, religious affirmation, and acceptance and withdrawal.[9] Coping is the way through which people cognitively and behaviorally adjust to challenges and difficulties within the environment when those challenges are seen as difficult to handle or exceed the resources of the individual.[10] Coping strategies have been classified as adaptive or constructive and maladaptive or destructive strategies.[11] Adaptive coping strategies like acceptance, emotional support, religious coping, and positive reframe aid in psychological adjustments while maladaptive coping like emotional withdrawal, denial, substance abuse and aggression may increase psychological distress.[12]

Religious coping was found to be related to lower levels of depression, higher resilience, emotional stability and adaptation to prison conditions. Acceptance and positive reframing were also related to better psychological adjustment.[13] On the other hand, maladaptive coping behaviors prevail in prisons such as emotional detachment, social isolation, substance use and aggressiveness were related to increased levels of psychiatric morbidity and unsuccessful rehabilitation of offenders.[14] Religious coping has been identified as one of the most commonly used coping strategies in South Asian cultures among the prisoners. Peer support networks and bonding on an emotional level among the inmates may act as a protector from extreme levels of psychological distress.[15]

Even though there is a rich international literature on prison mental and behavioral health, limited information has been produced about coping mechanisms used by prison inmates in Punjab Pakistan. Most existing research has been mainly concentrating on the incidence of mental and behavioral health disorders, whereas coping strategies and psychological adjustment have been relatively less researched. Taking into account the special nature of Pakistani jails, there was an urgent need for investigating the ways in which inmates adjust to the issues related to their mental and behavioral well-being and if the coping styles vary according to the imprisonment situation. Coping styles become especially relevant in prison settings since inmates need to constantly adjust to the imposed restrictions and psychosocial stresses. The results of the present research might help to develop effective coping mechanisms for mentally ill prisoners as vast majority of domestic literature was focused on mental and behavioral disorders' prevalence rate among inmates without any information on their coping behaviors and comparison of coping techniques between under-trial and convicted prisoners. This is why this study was conducted to measure the coping mechanisms of the jail inmates suffering from mental and behavioral problems in Punjab Prisons, Pakistan and compare their coping behaviors based on whether they are under-trial or convicted. The results of this study will be useful locally for prison mental and behavioral health services, counseling, rehabilitation programs and policy-making that would helpful to enhance the psychological and social reintegration of the inmates.

Methods

The study was conducted after getting approval from Institutional Ethical Review Committee, Times University Multan (Times/AD/2026/0458). An analytical cross-sectional study was conducted among 460 jail inmates selected from different jails of Punjab, Pakistan from 1st March 2026 to 31st March 2026. A multistage random sampling technique was employed. In the first stage, prisons were selected from different geographical regions of Punjab using simple random sampling to ensure adequate regional representation. In the second stage, lists of eligible inmates were obtained from prison administration, and participants were selected using stratified random sampling proportional to the inmate population of each prison as under-trial and convicted. Data collection were carried out using a semi-structured, pre-tested validated questionnaire consisting of closed-ended questions covering socio-demographic characteristics and risk factors related to jail environment and validated questionnaire COPE Brief Inventory.[16] The sample size was calcula-

ted from online calculator (calculator.net), keeping the confidence of 95%, margin of error 5% and prevalence (p) of 45% for mental and behavioral health problems among prison populations in Punjab, Pakistan. This is informed by recent meta-analyses and large-scale reviews showing elevated rates of common mental disorders among incarcerated populations in South Asia and by Pakistan-specific prison health reports documenting high burden and severe behavioral health service gaps in Punjab Pakistan Prison data reported by NCHR ;2025.[17] The sample size was 420 but to improve statistical power and compensate for possible non-response, 10% additional participants were included, resulting in a final sample of 460 inmates. The inmates aged between 18 and 60 years, spent 6 months in detention and suffering from behavioral health disorders including substance use disorders, aggressive behavior, self-harm, suicidal attempt history, anger outbursts and involvement in fights identified through structured screening questionnaire and DAST10 together with prison medical records wherever available. Mental health disorders included symptoms of depression, anxiety, stress, and related psychological distress identified using validated assessment instruments DASS21, able to provide informed consent and speaks and understands Urdu or English were included in the study while Inmates who were psychotic, at terminal stage of mental illness and not willing to cooperate with the researcher were excluded. Data were collected from inmates of various jails in Punjab Pakistan after getting permission from IG PRISON PUNJAB and jail authorities, and only after the inmates granted informed consent by using a pre-tested semi-structured questionnaire consisting of socio-demographic characteristics, imprisonment-related variables, and the Brief COPE Inventory developed by Carver. The Brief COPE consists of 28 items covering 14 coping dimensions scored on a four-point Likert scale ranging from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot). Higher scores indicate greater utilization of that coping strategy. Participants' responses were recorded in the questionnaire. The identity of all inmates was kept in strict confidentiality. Data was discussed and analyzed by using Statistical Package Social Software (SPSS) version 26. For analytical purposes, coping strategies were classified as, adaptive coping including religious coping, acceptance, emotional support and positive reframing and other one is maladaptive coping including emotional withdrawal, substance-use coping and aggressive coping. The questionnaire was reviewed by public health experts and psychiatrists visiting jails to establish content validity. A pilot study was conducted before data collection. The Brief COPE demonstrated good internal consistency with a Cronbach's alpha of 0.84 in the present study. Each questionnaire was checked immediately after completion for missing responses. Incomplete questionnaires were completed during the interview whenever possible. There were no significant missing data requiring statistical imputation. Descriptive statistics were applied as frequencies and percentages**,** while continuous variables were summarized as mean ± standard deviation**.** Relevant results were displayed in the form of tables. The dependent variable was the coping strategy adopted by inmates. The independent variable was Imprisonment status (under-trial/convicted).

Inferential statistics were applied to determine associations between cate-gorical variables were assessed using the Chi-square test**.** The analysis was primarily exploratory; there-fore, no multivariable adjustment for confounding variables was performed. A p-value <0.05 was considered statistically significant.

Results

A total of 460 jail inmates were included in the study. Table No. 1 shows mean age of participants fell predominantly within the 26–45-year range, with the 26–35 year (30.4%) and 36–45 year (30.2%) age groups together comprising more than 60% of the sample. Males constituted 82.6% of the study population, and 63.3% of inmates were married. More than half of the inmates were illiterate (53.9%) and labor was the most commonly reported occupation prior to imprisonment (42.8%). The majority of inmates resided in rural areas (53.9%) and belonged to families with a monthly income between PKR 20,000 and 50,000 (53%). Most inmates were under trial (63.5%) facing severe charges (78.7%) had been incarcerated for 6–11 months (64.8%), and had no history of previous imprisonment (81.7%). Nearly all inmates (94.6%) reported sharing a cell with other inmates. The coping styles used by the prisoners in order to cope with the psychological and behavioral illnesses were analyzed using the Brief COPE Inventory.

Table 1: *Socio-demographic and incarceration characteristics of inmates (N = 460)*

Variable	Category	N	%
Age group	18–25	91	19.8
	26–35	140	30.4
	36–45	139	30.2
	46+	90	19.6
Gender	Male	380	82.6
	Female	80	17.4
Marital status	Married	291	63.3
	Single	169	36.7
Education	Illiterate	248	53.9
	Primary	101	22.0
	Secondary	82	17.8
	High Education	29	6.3
Occupation	Labor	197	42.8
	Skilled Worker	116	25.2
	Unemployed	86	18.7
	Business	55	12.0
	Govt. Employee	6	1.3
Residence	Rural	248	53.9
	Urban	170	37.0
	Pere-urban	42	9.1
Family income (PKR)	20k–50k	244	53.0
	<20k	110	23.9
	51k–100k	65	14.1
	>100k	41	8.9
Family type	Nuclear	273	59.3
	Joint Family	187	40.7
Imprisonment duration	6–11 months	298	64.8
	1–3 years	122	26.5
	>6 years	24	5.2
	4–6 years	16	3.5
Nature of crime	Severe	362	78.7
	Moderate	59	12.8
	Minor	39	8.5
Legal status	Under-trial	292	63.5
	Convicted	168	36.5
Previous imprisonment	No	376	81.7
	Yes	84	18.3
Jail type	District Jail	288	62.6
	Central Jail	99	21.5
	Women Jail	73	15.9
Shares cell	Yes	435	94.6
	No	25	5.4

Table No. 2 shows that the prisoners used both adaptive and non-adaptive ways of coping with the religious coping as the most common way of adaptive coping used by 312 (67.8%) prisoners. This means that more than half of the prisoners used praying, religion, and religious activities in order to cope with their emotional stress and psychological problems. Religious activities seemed to bring hope and psychological strength to prisoners in jail. The second most common type of adaptive coping was acceptance which was chosen by 202 (43.9%) of the prisoners. Acceptance refers to the ability to accept one's situation and cope with it without resistance. This shows that a certain percentage of prisoners tried to psychologically adapt to jail environment. The use of emotional support was experienced by 188 (40.9%) offenders. Inmates seek comfort, counseling, and understanding from their families, friends, other inmates, or even from prison officers. Social support is vital in alleviating emotional distress among inmates within a correctional facility. Positive reframing coping strategy was used by 154 (33.5%) inmates. It involves putting positive interpretations and meanings to difficult situations that one is going through and seeing challenges as avenues for self-development. Though not as common as religious coping and acceptance strategies, positive reframing was used by one-third of all inmates. Maladaptive coping strategies include emotional withdrawal, which is the most commonly used coping strategy among 196 (42.6%) inmates. Emotional withdrawal is a coping strategy that involves withdrawing from society and suppressing emotions. Substance-use coping strategy was practiced by 138 (30.0%) inmates. The use of substances as a way of coping is still used despite limitations within prison confines.

Aggressive coping strategy was practiced by 126 (27.4%) inmates. Aggressive coping involves being angry and hostile in response to stressors. Although less frequent than other coping strategies, aggressive coping remains a concern because of its association with prison violence and behavioral problems.

Table 2: *Distribution of Coping Strategies Among Jail Inmates (n=460)*

Coping Strategy	Frequency (n)	Percentage (%)
Religious coping	312	67.8
Acceptance	202	43.9
Emotional support	188	40.9
Emotional withdrawal	196	42.6
Positive reframing	154	33.5
Substance-use coping	138	30.0
Aggressive coping	126	27.4

Coping strategies analysis by imprisonment status revealed considerable variations in coping mechanisms used by convicted and under-trial inmates. Table No. 3 shows that the religious type of coping strategy was much more commonly used among convicted prisoners. While 158 convicted prisoners (74.5%) used religious coping, only 154 under-trial inmates (62.1%) used it (p = 0.003). The results imply that convicted prisoners use their spiritual beliefs in order to cope with prolonged periods of incarceration and uncertainty.

Table 3: *Association Between Religious Coping and Imprisonment Status*

Imprisonment Status	Religious Coping Present n (%)	Religious Coping Absent n (%)	p-value
Under-trial	154 (62.1)	94 (37.9)	
Convicted	158 (74.5)	54 (25.5)	0.003

Table No. 4 shows that emotional withdrawal was much more common among under-trial inmates. More than half (53.2%) of under-trial prisoners used this coping mechanism while only 30.2% of convicted prisoners used it (p = 0.001). The high percentage might be related to higher levels of anxiety and fear, uncertainty about court procedures and poor adjustment to the new environment. There were no statistical differences in some other coping mechanisms used by the two groups of prisoners. (Table- 3) (Table -4)

Table 4: *Association Between Emotional Withdrawal and Imprisonment Status*

Imprisonment Status	Emotional Withdrawal Present n (%)	Emotional Withdrawal Absent n (%)	p-value
Under-trial	132 (53.2)	116 (46.8)	
Convicted	64 (30.2)	148 (69.8)	0.001

It was found that prisoners primarily used adaptive coping strategies, specifically religious coping, acceptance and emotional support to cope with their mental and behavioral issues. However, there was still a significant percentage of prisoners who used maladaptive coping strategies like emotional with-drawal, drug abuse, and aggression. Prisoners convicted of crimes tended to use religious coping strategies, while under-trial prisoners exhibited much higher rates of emotional withdrawal. This shows that psychological intervention programs within prisons are required to improve the coping techniques of the prisoners.

Discussion

The current study investigated coping mechanisms used by jail inmates suffering from mental and behavioral disorders. Religious coping was found to be the most common coping strategy used by jail inmates. Such a result is supported by other research works, which show that spirituality and religion are key sources of resilience and psychological well-being of incarcerated individuals. Religious activities could help inmates to find meaning and hope, experience forgiveness, and feel social connections while being in prison.[18] Acceptance was the second most common adaptive coping strategy. Other studies have found that such a coping strategy was helpful for adjustment and psychological well-being of incarcerated people. Acceptance allows people to realize difficult situations and concentrate on positive adjustments rather than resisting unavoidable stressful factors.[19] Emotional support was mentioned by almost half of inmates. It has been proven in other studies that social support is a protective factor from depression, anxiety, and psychological distress among prisoners. Prisoners, who have strong social relations with their family, peers, and prison officers, usually exhibit Better psychological adjustment and reduced emotional distress.[20] Positive reframing was also frequently used as an adaptive coping mechanism. Positive reframing has been found to foster psychological resilience by enabling people to discover positive things about their negative experiences and forming constructive views of those events.[21] One of the maladaptive coping mechanisms was emotional withdrawal. Emotional withdrawal could be linked to feelings of hopelessness, isolation, institutionalization, and uncertainty that are common for prisoners. The same results were observed among prison populations when emotional disengagement was associated with poor psychological outcomes and inadequate social functioning.[22]

Almost a third of all inmates employed substance use as a form of coping. Such a result is disturbing because substance use behavior has been consistently linked with psychiatric disorders, behavioral problems, disciplinary issues, and higher rates of recidivism. Previous researches have shown that people with pre-existing substance abuse problems tend to remain psychologically dependent on the drug even in the jail setting.[23] Coping by aggression was also noted among a number of prisoners. Aggression has

been found to be associated with emotional dysregulation, violence in prisons, and poor psychological adaptation. Earlier studies have reported that prisoners who adopt aggressive coping techniques are more likely to get into disciplinary problems and interpersonal conflicts.[24]

The current study also highlighted the significant differences in the coping styles between under-trial and convicted prisoners. The former was noted to employ religious coping strategies, while the latter were characterized by emotional withdrawal. These results are also discussed in previous literature that psychological adjustment, uncertainty, and adaptation to imprisonment. Under-trial prisoners are usually characterized by legal uncertainty and fears about their fate, while convicted prisoners can adapt and develop effective coping mechanisms over time.[25] In this study, the coping strategies utilized by the prison inmates of Punjab were analyzed. The religious coping was found to be the leading type of coping method. This conclusion is in line with other studies carried out in South Asia, where religion plays a vital role in offering emotional solace and coping to the prisoners.[26] A major strength of this study is its relatively large sample size (n = 460), inclusion of participants from multiple prisons across Punjab, use of a validated Brief COPE Inventory, and comparison of coping strategies between under-trial and convicted inmates, which enhances the practical relevance of the findings. However, several limitations should be considered while interpreting the results. The cross-sectional study design does not permit causal inference between coping strategies and mental or behavioral health disorders. Information was collected through self-reported questionnaires, which may have introduced recall and social desirability bias. Additionally, because the study was conducted only in prisons of Punjab, the findings may not be generalizable to correctional facilities in other provinces or countries. Future longitudinal and multicenter studies are recommended to examine changes in coping strategies over time and evaluate the effectiveness of psychological interventions designed to improve adaptive coping among prison inmates.

Conclusion

The research found out that jail inmates use a variety of different coping styles for dealing with mental and behavioral health issues caused by imprisonment. Religious coping, acceptance, emotional support, and positive reframing were the most common forms of adaptive coping, whereas emotional withdrawal, substance-use coping, and aggression were the main maladaptive coping methods. The notable differences between under-trial and convicted prisoners point to the necessity of designing mental health treatment specific to prisoners' legal position and psychological needs. In addition, prison mental health interventions should aim at improving prisoners' adaptive coping methods with the help of counseling, peer counseling, spiritual services, and rehabilitation programs; on the other hand, maladaptive coping should be addressed too. Coping intervention may improve prisoners' mental health and facilitate their reintegration into society.

Ethical Approval: The Institutional Review Board, Times University, Multan Pakistan approved this study vide IRB number: Times/ AD/ 2026/ 0463.

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Authors' Contribution:

MB: Conception and design; acquisition, drafting of article, analysis and interpretation of data, final approval of the version to be published

UH: Analysis and interpretation of data, critical revisions for important intellectual content

MA: Final approval of the version to be published, critical revisions for important intellectual content

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